

Foster Family Home - Corrective Action Report

Provider ID: 1-512831

Home Name: Zenaida Miller, CNA

Review ID: 1-512831-6

86-3005 Leihua Place

Reviewer: Carrie Wakai

Waianae HI 96792

Begin Date: 7/24/2017

End Date: 7/24/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Home visit made for a 2 person CCFFH certification survey. A corrective action report was issued with all required items due to CTA by 8/24/2017.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(2)-APS/CAN lapsed on CG#1, CG#2, HHM#2 and HHM#3-due on 8/19/16, done 7/13/17.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(f)(1)-TB clearance lapsed on CG#2 was due on 7/14/16, done 7/7/17.

Carrie Wakai

Compliance Manager

Zenaida Miller

Primary Care Giver

7/24/2017

Date

7/24/2017

Date

Written Plan of Correction

7.(1)(2) - From now on I will use a calendar with due dates, one month before the due dates, ^{the Provider will} also remind my Secondary Care Giver and my Household member to do the same.

41.(F)(1). CG#2 now understand that it is done yearly and will make sure that it will be done before the due date.

Provider will remind the Care Giver and Household member to do there TB clearance before the due date. This will be written on our calendar.

86-7005 Leilua Pl.
Waianae Hi.
96792

Zenaida Miller

Zenaida Miller

7/24/2017